

**Office of the Auditor General Inspector General**  
**COMPLAINT FORM**

Please type or clearly print information.

**Information About Complainant:**

Your name (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

City

State

Zip Code

**Please check one or more preferred methods of contact:**

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please be aware that, because the Inspector General is required to conduct its investigative work in a confidential manner, those individuals who file complaints are not normally informed of the existence, status or outcome of an investigation that may result from their complaint. After you file a complaint with the Inspector General, you will receive an acknowledgment letter. The acknowledgment letter will identify a file ID number for your complaint. Generally, you will only be contacted again if there is a need for additional information or clarification. The Inspector General does not represent any party or agency in an investigation and does not investigate “on behalf” of any individual or agency. If an individual is seeking legal representation, she or he should consult with an attorney.**

Are you a State of Illinois employee?                      Yes                      No

If “YES”, which agency? \_\_\_\_\_

Is the alleged violation related to your State employment?                      Yes                      No

**Information About Alleged Violation:**

Is your complaint against an employee of the Office of the Auditor General?                      Yes                      No

**If “NO”, this office lacks the authority to review or investigate the alleged violation and the complaint will be returned or referred to the appropriate authority. If “YES”, complete the following concerning the nature of the alleged violation.**



Other person(s) who could be a witness to the complaint you have alleged:

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Name

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Any other identifying information (Agency, Title, Phone Number, etc.)

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Name

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Any other identifying information (Agency, Title, Phone Number, etc.)

**Waiver of Confidentiality:**

Your identity as the person reporting an alleged violation is confidential unless you waive confidentiality or unless required by law. This right of confidentiality does not preclude the disclosure of the identity of a person in any capacity other than as the source of an allegation.

Do you wish to waive your right to confidentiality?                      Yes                      No

If "YES", please sign here: \_\_\_\_\_

**Materials Exempt from Disclosure:**

The Office of the Auditor General's Inspector General's investigatory files and reports are confidential and exempt from disclosure under the Freedom of Information Act. Allegations, pleadings, and related documents are generally exempt from disclosure under the Freedom of Information Act, but may be shared as permitted and appropriate for the proper conduct and conclusion of an investigation. Upon conclusion of an investigation, a report regarding the investigation may be completed and provided to the head of the State agency responsible for managing the complaint or carrying out any recommended actions. When supported by investigative findings, an investigative report may also be provided to the appropriate prosecutor for review, to determine whether or not the underlying facts support a criminal prosecution.

**Where to Return this Form:**

Return completed form by mail to:  
Office of the Auditor General Inspector General  
740 E. Ash St., Springfield, IL 62703  
Phone: 217/782-6046; TTY: 888/261-2887

**Please mark your envelope "confidential."**

Any person who intentionally makes a false report alleging a violation of the State Officials and Employees Ethics Act to an ethics commission, an inspector general, the State Police, a State's Attorney, the Attorney General, or any other law enforcement official is guilty of a Class A misdemeanor. 5 ILCS 430/50-5(d).

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_